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LABORATORY, IMAGING & RADIOLOGY SERVICES

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Service Group Code	Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	ADDITIONAL INFORMATION
376 382	**70100**	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	**Place of service (POS) 12 = HOME**
376 382	**70110**	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
376 382	**70140**	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
376 382	**70150**	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
376 382	**70160**	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
376 382	**70190**	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
493	**70200**	RADIOLOGIC EXAMINATION; OPTIC FORAMINA, ORBITS, COMPLETE, MINIMUM IF 4 VIEWS	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
376 382	**70250**	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
376 382	**70260**	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
494	**70328**	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
376 382	**70330**	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
674	**70336**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)	***RADIOLOGY***	***REQUIRED***	Age <= 21 years old	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
324	**70450**	COMPUTED TOMOGRAPHY, HEAD OR BRAIN, WITHOUT CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
324	**70460**	COMPUTED TOMOGRAPHY, HEAD OR BRAIN WITH CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
324	**70470**	COMPUTED TOMOGRAPHY, HEAD OR BRAIN WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
331	**70480**	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
331	**70481**	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER MIDDLE, OR INNER EAR; WITH CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
331	**70482**	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
333	**70486**	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**

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333	**70487**	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
333	**70488**	COMPUTED TOMOGRPAHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
330	**70490**	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
330	**70491**	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
330	**70492**	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
338	**70496**	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE PROCESSING	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
337	**70498**	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
357	**70540**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
357	**70542**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITH CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
357	**70543**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
344	**70544**	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
344	**70545**	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
344	**70546**	MAGNETIC RESONANCE ANGIOGPRAHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
345	**70547**	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
345	**70548**	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**

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345	**70549**	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
349	**70551**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
349	**70552**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
349	**70553**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
349	**70557**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL BASE), DURING OPEN INTRACRANIAL PROCEDURE (E.G., TO ASSESS FOR RESIDUAL TUMOR OR RESIDUAL VASCULAR MALFORMATION); WITHOUT CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
349	**70558**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, BRAIN, (INCLUDING BRAIN STEM AND SKULL BASE), DURING OPEN INTRACRANIAL PROCEDURE (E.G., TO ASSESS FOR RESIDUAL TUMOR OR RESIDUAL VASCULAR MALFORMATION), WITH CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
349	**70559**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL BASE), DURING OPEN INTRACRANIAL PROCEDURE (E.G., TO ASSESS FOR RESIDUAL TUMOR OR RESIDUAL VASCULAR MALFORMATION); WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
377 383	**71035**	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY STUDIES)	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
325	**71045**	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
325	**71046**	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
325	**71047**	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
325	**71048**	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
377 383	**71100**	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
377 383	**71101**	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
377 383	**71110**	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
377 383	**71120**	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	

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377 383	**71130**	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
325	**71250**	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
325	**71260**	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITH CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
325	**71270**	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
325	**71271**	COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required** **New Code for 2021/ Replacement code for G0297**
325	**71275**	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
353	**71550**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, CHEST (E.G., FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
353	**71551**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, CHEST (E.G., FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITH CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
353	**71552**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, CHEST (E.G., FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
353	**71555**	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIUM(, WITH OR WITHOUT CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
378 384	**72020**	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
378 384	**72040**	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
378 384	**72050**	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
378 384	**72052**	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
378 384	**72070**	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
378 384	**72072**	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	

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334	**72074**	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF 4 VIEWS	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
378 384	**72080**	THORACOLUMBAR JUNCTION, MINIMUM OF 2 VIEWS SHOULD INCLUDE EXAMINATION OF THE THORACOLUMBAR JUNCTION	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
378 384	**72081**	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERVICAL AND SACRAL SPINE IF PERFORMED (E.G., SCOLIOSIS EVALUATION); ONE VIEW	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
378 384	**72082**	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERVICAL AND SACRAL SPINE IF PERFORMED (E.G., SCOLIOSIS EVALUATION); 2 OR 3 VIEWS	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
378 384	**72083**	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERVICAL AND SACRAL SPINE IF PERFORMED (E.G., SCOLIOSIS EVALUATION); 4 OR 5 VIEWS	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
378 384	**72084**	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERVICAL AND SACRAL SPINE IF PERFORMED (E.G., SCOLIOSIS EVALUATION); MINIMUM OF 6 VIEWS	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
378 384	**72100**	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
378 384	**72110**	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEWS	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
378 384	**72114**	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, COMPLETE, INCLUDING BENDING VIEWS, MINIMUM OF 6 VIEWS	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
378 384	**72120**	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR VIEWS	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
326	**72125**	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
326	**72126**	COMPUTED TOMOGRAPHY, CERVICAL SPINE, WITH CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
326	**72127**	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
334	**72128**	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
334	**72129**	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
334	**72130**	COMPUTED TOMOGRAPHY THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
329	**72131**	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**

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329	**72132**	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
329	**72133**	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
352	**72141**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
352	**72142**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
360	**72146**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
360	**72147**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC WITH CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
356	**72148**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR, WITHOUT CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
356	**72149**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR, WITH CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
352	**72156**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES, CERVICAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
360	**72157**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES, THORACIC	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
356	**72158**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES, LUMBAR	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
378 384	**72170**	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
339	**72191**	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
332	**72192**	COMPUTED TOMOGRAPHY, PELVIS, WITHOUT CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
332	**72193**	COMPUTED TOMOGRAPHY, PELVIS, WITH CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
332	**72194**	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**

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358	**72195**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, PELVIS, WITHOUT CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
358	**72196**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, PELVIS, WITH CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
358	**72197**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
343	**72198**	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
378 384	**72200**	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
378 384	**72202**	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
378 384	**72220**	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
380 386	**72503**	RADIOLOGIC EXAMINATION, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; MINIMUM OF 4 VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
379 385	**73000**	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
379 385	**73010**	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
379 385	**73020**	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
379 385	**73030**	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
379 385	**73060**	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
379 385	**73070**	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
379 385	**73080**	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
379 385	**73090**	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
379 385	**73100**	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
379 385	**73110**	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
379 385	**73120**	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
379 385	**73130**	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
379 385	**73140**	RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	

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328	**73200**	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	
328	**73201**	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
328	**73202**	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
341	**73206**	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
355	**73218**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT, WITHOUT CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
355	**73219**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT, WITH CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
355	**73220**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
355	**73221**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY, WITHOUT CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
355	**73222**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY, WITH CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
355	**73223**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
347	**73225**	MAGNETIC RESONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
380 386	**73501**	RADIOLOGIC EXAMINATION, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; 1 VIEW	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
380 386	**73502**	RADIOLOGIC EXAMINATION, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; 2-3 VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
380 386	**73521**	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; 2 VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
380 386	**73522**	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; 3-4 VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
380 386	**73523**	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; MINIMUM OF 5 VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
380 386	**73551**	RADIOLOGIC EXAMINATION, FEMUR; 1 VIEW	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	
380 386	**73552**	RADIOLOGIC EXAMINATION, FEMUR; MINIMUM 2 VIEWS	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	

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380 386	**73560**	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
380 386	**73562**	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
380 386	**73564**	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
380 386	**73565**	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
380 386	**73590**	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
380 386	**73600**	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
380 386	**73610**	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
380 386	**73620**	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
380 386	**73630**	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
380 386	**73650**	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
380 386	**73660**	RADIOLOGIC EXAMINATION; CALCANEUS, TOE(S), MINIMUM OF TWO VIEWS	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
327	**73700**	COMPUTED TOMOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
327	**73701**	COMPUTED TOMOGRAPHY, LOWER EXTREMITY, WITH CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
327	**73702**	COMPUTED TOMOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
340	**73706**	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
354	**73718**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT, WITHOUT CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
354	**73719**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT, WITH CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
354	**73720**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
354	**73721**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**

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354	**73722**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY, WITH CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
354	**73723**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
346	**73725**	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
322	**74018**	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
322	**74019**	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
322	**74021**	RADIOLOGIC EXAMINATION, ABDOMEN; 3 OR MORE VIEWS	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
381 387	**74022**	RADIOLOGIC EXAMINATION, COMPLETE ACUTE ABDOMEN SERIES, INCLUDING 2 OR MORE VIEWS OF THE ABDOMEN (E.G., SUPINE, ERECT, DECUBITUS), AND A SINGLE VIEW CHEST	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
322-Adult 323-Pediatric	**74150**	COMPUTED TOMOGRAPHY, ABDOMEN, WITHOUT CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
322-Adult 323-Pediatric	**74160**	COMPUTED TOMOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
322-Adult 323-Pediatric	**74170**	COMPUTED TOMOGRAPHY, ABDOMEN, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
322	**74174**	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
336	**74175**	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS, INCLUDING IMAGE POST PROCESSING	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
322-Adult 323-Pediatric	**74176**	CT, ABDOMEN AND PELVIS, WITHOUT CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	
322-Adult 323-Pediatric	**74177**	CT, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	
322-Adult 323-Pediatric	**74178**	CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIALS AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	
348	**74181**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING ABDOMEN, WITHOUT CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
348	**74182**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING ABDOMEN, WITH CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**

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348	**74183**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, ABDOMEN, WITHOUT CONTRAST MATERIAL(S); FOLLOWED BY WITH CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	
343	**74185**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
388	**74261**	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC INCLUDING IMAGE POSTPROCESSING, WITHOUT CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	**Diagnostic Radiology - Required** Inpatient or ER - No Modifier 26 - No
388	**74262**	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC INCLUDING IMAGE POSTPROCESSING, WITH CONTRAST MATERIAL(S)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	**Diagnostic Radiology - Required** Inpatient or ER - No Modifier 26 - No
PLEASE USE CPT CODE	**74263**	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, SCREENING, INCLUDING IMAGE POSTPROCESSING	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	**NEW CODE EFFECTIVE 11/01/2023** **Diagnostic Radiology - Required** Inpatient or ER - No Modifier 26 - No
673	**74712**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED; SINGLE OR FIRST GESTATION	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	**Diagnostic Radiology - Required** **Inpatient or ER - Yes** **Modifier 26 - Yes** **Modifier TC-Yes**
673	**74713**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED; EACH ADDITIONAL GESTATION	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	**Diagnostic Radiology - Required** **Inpatient or ER - Yes** **Modifier 26 - Yes** **Modifier TC-Yes**
351	**75557**	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
351	**75559**	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL, WITH STRESS IMAGING	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
351	**75561**	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
351	**75563**	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES, WITH STRESS IMAGING	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
351	**75565**	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	**Diagnostic Radiology - Required** Inpatient or ER - No Modifier 26 - No
351	**75572**	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	**Diagnostic Radiology - Required** Inpatient or ER - No Modifier 26 - No

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For Non-MCO enrolled Member benefit verIfication, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Group Code	Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	ADDITIONAL INFORMATION
351	**75573**	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY IN THE SETTING OF CONGENITAL HEART DISEASE (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF LEFT VENTRICULAR [LV] CARDIAC FUNCTION, RIGHT VENTRICULAR [RV] STRUCTURE AND FUNCTION AND EVALUATION OF VASCULAR STRUCTURES, IF PERFORMED)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	**Diagnostic Radiology - Required** Inpatient or ER - No Modifier 26 - No
351	**75574**	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT) WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES IF PERFORMED)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	**Diagnostic Radiology - Required** Inpatient or ER - No Modifier 26 - No
627	**75635**	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	
324 330 331	**76380**	COMPUTED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
350	**76391**	MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
PLEASE USE CPT CODE	**76496**	UNLISTED FLUOROSCOPIC PROCEDURE	***RADIOLOGY***	***REQUIRED***	No Restriction	**NOT PRICED**	**NEW CODE EFFECTIVE 05/01/2024**
335	**76497**	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	***RADIOLOGY***	***REQUIRED***	No Restriction	**NOT PRICED**	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
342	**76498**	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	***RADIOLOGY***	***REQUIRED***	No Restriction	**NOT PRICED**	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
PLEASE USE CPT CODE	**76499**	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	***RADIOLOGY***	***REQUIRED***	No Restriction	**NOT PRICED**	**NEW CODE EFFECTIVE 05/01/2024**
630	**76942**	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (E.G. BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), IMAGING SUPERVISION AND INTERPRETATION	***RADIOLOGY***	**Required Beyond Service Limits**	No Restriction	PRICED	**SERVICE LIMIT = 1 PER DAY**
PLEASE USE CPT CODE	**76999**	UNLISTED US PROCEDURE	***RADIOLOGY***	***REQUIRED***	No Restriction	**NOT PRICED**	**NEW CODE EFFECTIVE 05/01/2024**
631	**77002**	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE)	***RADIOLOGY***	**Required Beyond Service Limits**	No Restriction	PRICED	**SERVICE LIMIT = 1 PER DAY**
631	**77003**	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PARASPINOUS DIAGNOSTIC OR THERAPEUTIC INJECTION PROCEDURES (EPIDURAL OR SUBARACHNOID)	***RADIOLOGY***	**Required Beyond Service Limits**	No Restriction	PRICED	**SERVICE LIMIT = 1 PER DAY**

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631	**77012**	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (E.G. BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), RADIOLOGIC SUPERVISION AND INTERPRETATION	***RADIOLOGY***	**Required Beyond Service Limits**	No Restriction	PRICED	**SERVICE LIMIT = 1 PER DAY**
631	**77021**	MAGNETIC RESONANCE IMAGING GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY, NEEDLE ASPIRATION, INJECTION, OR PLACEMENT OF LOCALIZATION DEVICE) RADIOLOGICAL SUPERVISION AND INTERPRETATION	***RADIOLOGY***	**Required Beyond Service Limits**	No Restriction	PRICED	**SERVICE LIMIT = 1 PER DAY**
350	**77046**	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; UNILATERAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
350	**77047**	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
350	**77048**	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION, (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; UNILATERAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
350	**77049**	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION, (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
350	**77055**	MAMMOGRAPHY; UNILATERAL	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	Must have MQSA certification on file with enrollment
350	**77056**	MAMMOGRAPHY; BILATERAL	***RADIOLOGY***	***REQUIRED*** ***POS 12 Only***	No Restriction	PRICED	Must have MQSA certification on file with enrollment
375	**77078**	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES, AXIAL SKELETON (E.G., HIPS, PELVIS, SPINE)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
375	**77080**	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES, AXIAL SKELETON (E.G., HIPS, PELVIS, SPINE)	***RADIOLOGY***	Required - Beyond Service Limits	No Restriction	PRICED	**Limit is one scan every 2 years for codes 77080-77081**
375	**77081**	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES, APPENDICULAR SKELETON (PERIPHERAL) (E.G., RADIUS, WRIST, HEEL)	***RADIOLOGY***	Required - Beyond Service Limits	No Restriction	PRICED	**Limit is one scan every 2 years for codes 77080-77081**
375	**77084**	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
375	**77085**	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (E.G., HIPS, PELVIS, SPINE), INCLUDING VERTEBRAL FRACTURE ASSESSMENT	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	
375	**77086**	VERTEBRAL FRACTURE ASSESSMENT VIA DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	
631	**77385**	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	
631	**77386**	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	

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PLEASE USE CPT CODE	**77299**	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	***RADIOLOGY***	***REQUIRED***	No Restriction	**NOT PRICED**	**NEW CODE EFFECTIVE 05/01/2024**
PLEASE USE CPT CODE	**77399**	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES, AND SPECIAL SERVICE	***RADIOLOGY***	***REQUIRED***	No Restriction	**NOT PRICED**	**NEW CODE EFFECTIVE 05/01/2024**
PLEASE USE CPT CODE	**77499**	UNLISTED PROCEDURE, RADIATION ONCOLOGY	***RADIOLOGY***	***REQUIRED***	No Restriction	**NOT PRICED**	**NEW CODE EFFECTIVE 05/01/2024**
PLEASE USE CPT CODE	**77799**	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	***RADIOLOGY***	***REQUIRED***	No Restriction	**NOT PRICED**	**NEW CODE EFFECTIVE 05/01/2024**
535	**78071**	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	78071 and 78072 with all components are a group- can have all 78071 codes (2 units-1 for each component or 1 unit) or can have all 78072 codes BUT cannot have both.
535	**78071 TC**	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	78071 and 78072 with all components are a group- can have all 78071 codes (2 units-1 for each component or 1 unit) or can have all 78072 codes BUT cannot have both.
535	**78072**	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ANATOMICAL LOCALIZATION	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	78071 and 78072 with all components are a group- can have all 78071 codes (2 units-1 for each component or 1 unit) or can have all 78072 codes BUT cannot have both.
535	**78072 TC**	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ANATOMICAL LOCALIZATION	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	78071 and 78072 with all components are a group- can have all 78071 codes (2 units-1 for each component or 1 unit) or can have all 78072 codes BUT cannot have both.
PLEASE USE CPT CODE	**78099**	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	***RADIOLOGY***	***REQUIRED***	No Restriction	**NOT PRICED**	**NEW CODE EFFECTIVE 05/01/2024**
PLEASE USE CPT CODE	**78199**	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	***RADIOLOGY***	***REQUIRED***	No Restriction	**NOT PRICED**	**NEW CODE EFFECTIVE 05/01/2024**
PLEASE USE CPT CODE	**78299**	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	***RADIOLOGY***	***REQUIRED***	No Restriction	**NOT PRICED**	**NEW CODE EFFECTIVE 05/01/2024**
PLEASE USE CPT CODE	**78399**	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	***RADIOLOGY***	***REQUIRED***	No Restriction	**NOT PRICED**	**NEW CODE EFFECTIVE 05/01/2024**
365	**78459**	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED), SINGLE STUDY;	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
365	**78491**	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS (EXERCISE OR PHARMACOLOGIC)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
365	**78492**	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED); MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
PLEASE USE CPT CODE	**78499**	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE;	***RADIOLOGY***	***REQUIRED***	No Restriction	**NOT PRICED**	**NEW CODE EFFECTIVE 05/01/2024**
PLEASE USE CPT CODE	**78599**	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	***RADIOLOGY***	***REQUIRED***	No Restriction	**NOT PRICED**	**NEW CODE EFFECTIVE 05/01/2024**

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364	**78608**	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
364	**78609**	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION EVALUATION	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
PLEASE USE CPT CODE	**78699**	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	***RADIOLOGY***	***REQUIRED***	No Restriction	**NOT PRICED**	**NEW CODE EFFECTIVE 05/01/2024**
372	**78710**	KIDNEY IMAGING MORPHOLOGY, TOMOGRAPHIC (SPECT)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
374	**78803**	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); TOMOGRAPHIC (SPECT), SINGLE AREA (E.G., HEAD, NECK, CHEST, PELVIS) OR ACQUISITION, SINGLE DAY IMAGING	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
366	**78811**	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; LIMITED AREA (E.G., CHEST, HEAD/NECK)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
367	**78812**	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; SKULL BASE TO MID-THIGH	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
368	**78813**	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; WHOLE BODY	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
366	**78814**	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; LIMITED AREA (E.G., CHEST, HEAD/NECK)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
367	**78815**	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; SKULL BASE TO MID-THIGH	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
368	**78816**	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; WHOLE BODY	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required**
889	**78830**	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); TOMOGRAPHIC (SPECT) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) TRANSMISSION SCAN FOR ANATOMICAL REVIEW, LOCALIZATION AND DETERMINATION/DETECTION OF PATHOLOGY, SINGLE AREA (EG, HEAD, NECK, CHEST, PELVIS) OR ACQUISITION, SINGLE DAY IMAGING	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	*****NEW CODE FOR 2020***** Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required** **Please use for billing of CPT code 78807**

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890	**78831**	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); TOMOGRAPHIC (SPECT), MINIMUM 2 AREAS (E.G., PELVIS AND KNEES, CHEST AND ABDOMEN) OR SEPARATE ACQUISITIONS (E.G., LUNG VENTILATION AND PERFUSION), SINGLE DAY IMAGING, OR SINGLE AREA OR ACQUISITION OVER 2 OR MORE DAYS	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	*****NEW CODE FOR 2020***** Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required** **Please use for billing of CPT code 78807**
891	**78832**	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); TOMOGRAPHIC (SPECT) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) TRANSMISSION SCAN FOR ANATOMICAL REVIEW, LOCALIZATION AND DETERMINATION/DETECTION OF PATHOLOGY, MINIMUM 2 AREAS (E.G., PELVIS AND KNEES, CHEST AND ABDOMEN) OR SEPARATE ACQUISITIONS (E.G., LUNG VENTILATION AND PERFUSION), SINGLE DAY IMAGING, OR SINGLE AREA OR ACQUISITION OVER 2 OR MORE DAYS	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	*****NEW CODE FOR 2020***** Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required** **Please use for billing of CPT code 78807**
892	**78835**	RADIOPHARMACEUTICAL QUANTIFICATION MEASUREMENT(S) SINGLE AREA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	*****NEW CODE FOR 2020***** Modifier 26 - No **Modifier TC - Required** **POS other than 23 - Required** **Please use for billing of CPT code 78807**
PLEASE USE CPT CODE	**78999**	UNLISTED PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE-RADIATION THERAPY TREATMENT PLANNING	***RADIOLOGY***	***REQUIRED***	No Restriction	**NOT PRICED**	**NEW CODE EFFECTIVE 05/01/2024**
PLEASE USE CPT CODE	**79999**	RADIOPHARMACEUTICAL THERAPY, UNLISTED PROCEDURE	***RADIOLOGY***	***REQUIRED***	No Restriction	**NOT PRICED**	**NEW CODE EFFECTIVE 05/01/2024**
743	**80305**	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES; CAPABLE OF BEING READ BY DIRECT OPTICAL OBSERVATION ONLY (E.G., UTILIZING IMMUNOASSAY [E.G., DIPSTICKS, CUPS, CARDS, OR CARTRIDGES]), INCLUDES SAMPLE VALIDATION WHEN PERFORMED, PER DATE OF SERVICE	***LABORATORY***	Required Beyond Service Limits	No Restriction	PRICED	PA required when >24 per year is needed per member treatment plan. May get up to 24 additional units in 180 day authorization period if medically necessary. **CALENDER YEAR AUTHORIZATION PERIOD**
743	**80306**	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES; READ BY INSTRUMENT ASSISTED DIRECT OPTICAL OBSERVATION (E.G., UTILIZING IMMUNOASSAY [E.G., DIPSTICKS, CUPS, CARDS, OR CARTRIDGES]), INCLUDES SAMPLE VALIDATION WHEN PERFORMED, PER DATE OF SERVICE	***LABORATORY***	Required Beyond Service Limits	No Restriction	PRICED	PA required when >24 per year is needed per member treatment plan. May get up to 24 additional units in 180 day authorization period if medically necessary. **CALENDER YEAR AUTHORIZATION PERIOD**

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743	**80307**	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES; BY INSTRUMENT CHEMISTRY ANALYZERS (EG, UTILIZING IMMUNOASSAY [E.G., EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), CHROMATOGRAPHY (E.G., GC, HPLC), AND MASS SPECTROMETRY EITHER WITH OR WITHOUT CHROMATOGRAPHY, (E.G., DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) INCLUDES SAMPLE VALIDATION WHEN PERFORMED, PER DATE OF SERVICE	***LABORATORY***	Required Beyond Service Limits	No Restriction	PRICED	PA required when >24 per year is needed per member treatment plan. May get up to 24 additional units in 180 day authorization period if medically necessary. **CALENDER YEAR AUTHORIZATION PERIOD**
700	**81105**	HUMAN PLATELET ANTIGEN 1 GENOTYPING (HPA-1), ITGB3 (INTEGRIN, BETA 3 [PLATELET GLYCOPROTEIN IIIA], ANTIGEN CD61 [GPIIIA]) (E.G., NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT], POST-TRANSFUSION PURPURA), GENE ANALYSIS, COMMON VARIANT, HPA-1A/B (L33P)	***GENETIC TESTING***	Required Beyond Service Limits	No Restriction	PRICED	
701	**81106**	HUMAN PLATELET ANTIGEN 2 GENOTYPING (HPA-2), GP1BA (GLYCOPROTEIN IB [PLATELET], ALPHA POLYPEPTIDE [GPIBA]) (E.G., NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT], POST-TRANSFUSION PURPURA), GENE ANALYSIS, COMMON VARIANT, HPA-2A/B (T145M)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
702	**81107**	HUMAN PLATELET ANTIGEN 3 GENOTYPING (HPA-3), ITGA2B (INTEGRIN, ALPHA 2B [PLATELET GLYCOPROTEIN IIB OF IIB/IIIA COMPLEX], ANTIGEN CD41 [GPIIB]) (E.G., NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT], POST-TRANSFUSION PURPURA), GENE ANALYSIS, COMMON VARIANT, HPA-3A/B (I843S)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
703	**81108**	HUMAN PLATELET ANTIGEN 4 GENOTYPING (HPA-4), ITGB3 (INTEGRIN, BETA 3 [PLATELET GLYCOPROTEIN IIIA], ANTIGEN CD61 [GPIIIA]) (E.G., NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT], POST-TRANSFUSION PURPURA), GENE ANALYSIS, COMMON VARIANT, HPA-4A/B (R143Q)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
704	**81109**	HUMAN PLATELET ANTIGEN 5 GENOTYPING (HPA-5), ITGA2 (INTEGRIN, ALPHA 2 [CD49B, ALPHA 2 SUBUNIT OF VLA-2 RECEPTOR] [GPIA]) (E.G., NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT], POST-TRANSFUSION PURPURA), GENE ANALYSIS, COMMON VARIANT (E.G., HPA-5A/B (K505E))	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
705	**81110**	HUMAN PLATELET ANTIGEN 6 GENOTYPING (HPA-6W), ITGB3 (INTEGRIN, BETA 3 [PLATELET GLYCOPROTEIN IIIA, ANTIGEN CD61] [GPIIIA]) (E.G., NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT], POST-TRANSFUSION PURPURA), GENE ANALYSIS, COMMON VARIANT, HPA-6A/B (R489Q)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
706	**81111**	HUMAN PLATELET ANTIGEN 9 GENOTYPING (HPA-9W), ITGA2B (INTEGRIN, ALPHA 2B [PLATELET GLYCOPROTEIN IIB OF IIB/IIIA COMPLEX, ANTIGEN CD41] [GPIIB]) (E.G., NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT], POST-TRANSFUSION PURPURA), GENE ANALYSIS, COMMON VARIANT, HPA-9A/B (V837M)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
707	**81112**	HUMAN PLATELET ANTIGEN 15 GENOTYPING (HPA-15), CD109 (CD109 MOLECULE) (E.G., NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT], POST-TRANSFUSION PURPURA), GENE ANALYSIS, COMMON VARIANT, HPA-15A/B (S682Y)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	

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708	**81120**	IDH1 (ISOCITRATE DEHYDROGENASE 1 [NADP+], SOLUBLE) (EG, GLIOMA), COMMON VARIANTS (E.G., R132H, R132C)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
709	**81121**	IDH2 (ISOCITRATE DEHYDROGENASE 2 [NADP+], MITOCHONDRIAL) (EG, GLIOMA), COMMON VARIANTS (E.G., R140W, R172M)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
537	**81161**	DMD (DYSTROPHIN) (E.G., DUCHENNE/BECKER MUSCULAR DYSTROPHY) DELETION ANALYSIS, AND DUPLICATION ANALYSIS, IF PERFORMED	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
675	**81162**	BRCA1(BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2 DNA REPAIR ASSOCIATED) (E.G., HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS (I.E., DETECTION OF LARGE GENE ARRANGEMENTS)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**Do not report 81162 in conjunction with 81163, 81164, 81165, 81166, 81167, 81216, 81217, 81432**
751	**81163**	BRCA1(BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2 DNA REPAIR ASSOCIATED) (E.G., HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**Do not report 81163 in conjunction with 81162, 81164, 81165, 81166, 81167, 81216, 81217, 81432**
752	**81164**	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (E.G., HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (I.E., DETECTION OF LARGE GENE REARRANGEMENTS)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**Do not report 81164 in conjunction with 81162, 81163, 81165, 81166, 81167, 81216, 81217, 81432**
753	**81165**	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (E.G., HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**Do not report 81165 in conjunction with 81162, 81643, 81164, 81166, 81167, 81216, 81217, 81432**
754	**81166**	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (E.G., HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (I.E., DETECTION OF LARGE GENE REARRANGEMENTS)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**Do not report 81166 in conjunction with 81162, 81643, 81164, 81165, 81167, 81216, 81217, 81432**
755	**81167**	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (E.G., HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (I.E., DETECTION OF LARGE GENE REARRANGEMENTS)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**Do not report 81167 in conjunction with 81162, 81643, 81164, 81165, 81166, 81216, 81217, 81432)**
676	**81170**	ABL1 (ABL PROTO-ONCOGENE 1, NON-RECEPTOR TYROSINE KINASE) (E.G., ACQUIRED IMATINIB TYROSINE KINASE INHIBITOR RESISTANCE), GENE ANALYSIS, VARIANTS IN THE KINASE DOMAIN	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
756	**81171**	AFF2 (ALF TRANSCRIPTION ELONGATION FACTOR 2 [FMR2]) (E.G., FRAGILE X INTELLECTUAL DISABILITY 2 [FRAXE]) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (E.G., EXPANDED) ALLELES	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
757	**81172**	AFF2 (ALF TRANSCRIPTION ELONGATION FACTOR 2 [FMR2]) (E.G., FRAGILE X INTELLECTUAL DISABILITY 2 [FRAXE]) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (E.G., EXPANDED SIZE AND METHYLATION STATUS)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
758	**81173**	AR (ANDROGEN RECEPTOR) (E.G., SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION) GENE ANALYSIS; FULL GENE SEQUENCE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
759	**81174**	AR (ANDROGEN RECEPTOR) (E.G., SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	

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710	**81175**	ASXL1 (ADDITIONAL SEX COMBS LIKE 1, TRANSCRIPTIONAL REGULATOR) (E.G., MYELODYSPLASTIC SYNDROME, MYELOPROLIFERATIVE NEOPLASMS, CHRONIC MYELOMONOCYTIC LEUKEMIA), GENE ANALYSIS; FULL GENE SEQUENCE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
711	**81176**	ASXL1 (ADDITIONAL SEX COMBS LIKE 1, TRANSCRIPTIONAL REGULATOR) (E.G., MYELODYSPLASTIC SYNDROME, MYELOPROLIFERATIVE NEOPLASMS, CHRONIC MYELOMONOCYTIC LEUKEMIA), GENE ANALYSIS; TARGETED SEQUENCE ANALYSIS (EG, EXON 12)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
760	**81177**	ATN1 (ATROPHIN 1) (EG, DENTATORUBRAL-PALLIDOLUYSIAN ATROPHY) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (E.G., EXPANDED) ALLELES	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
761	**81178**	ATXN1 (ATAXIN 1) (E.G., SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (E.G., EXPANDED) ALLELES	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
762	**81179**	ATXN2 (ATAXIN 2) (E.G., SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (E.G., EXPANDED) ALLELES	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
763	**81180**	ATXN3 (ATAXIN 3) (E.G., SPINOCEREBELLAR ATAXIA, MACHADO-JOSEPH DISEASE) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
764	**81181**	ATXN7 (ATAXIN 7) (E.G., SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (E.G., EXPANDED) ALLELES	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
765	**81182**	ATXN8OS (ATXN8 OPPOSITE STRAND [NON-PROTEIN CODING]) (E.G., SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (E.G., EXPANDED) ALLELES	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
766	**81183**	ATXN10 (ATAXIN 10) (E.G., SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (E.G., EXPANDED) ALLELES	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
767	**81184**	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (E.G., SPINOCEREBELLAR ATAXIA) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (E.G., EXPANDED) ALLELES	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
768	**81185**	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (E.G., SPINOCEREBELLAR ATAXIA) GENE ANALYSIS; FULL GENE SEQUENCE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
769	**81186**	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (E.G., SPINOCEREBELLAR ATAXIA) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
770	**81187**	CNBP (CCHC-TYPE ZINC FINGER NUCLEIC ACID BINDING PROTEIN) (E.G., MYOTONIC DYSTROPHY TYPE 2) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (E.G., EXPANDED) ALLELES	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
771	**81188**	CSTB (CYSTATIN B) (E.G., UNVERRICHT-LUNDBORG DISEASE) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (E.G., EXPANDED) ALLELES	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
772	**81189**	CSTB (CYSTATIN B) (E.G., UNVERRICHT-LUNDBORG DISEASE) GENE ANALYSIS; FULL GENE SEQUENCE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
773	**81190**	CSTB (CYSTATIN B) (E.G., UNVERRICHT-LUNDBORG DISEASE) GENE ANALYSIS; KNOWN FAMILIAL VARIANT(S)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	

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538	**81201**	APC (ADENOMATOUS POLYPOSIS COLI) (E.G., FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; FULL GENE SEQUENCE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
539	**81202**	APC (ADENOMATOUS POLYPOSIS COLI) (E.G., FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
540	**81203**	APC (ADENOMATOUS POLYPOSIS COLI) (E.G., FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
774	**81204**	AR (ANDROGEN RECEPTOR) (E.G., SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (E.G., EXPANDED SIZE OR METHYLATION STATUS)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
541	**81205**	BCKDHB (BRANCHED-CHAIN KETO ACID DEHYDROGENASE E1, BETA POLYPEPTIDE) (EG, MAPLE SYRUP URINE DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, R183P, G278S, E422X)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
542	**81209**	BLM (BLOOM SYNDROME, RECQ HELICASE-LIKE) (EG, BLOOM SYNDROME) GENE ANALYSIS, 2281DEL6INS7 VARIANT	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
542	**81210**	BRAF (V-RAF MURINE SARCOMA VIRAL ONCOGENE HOMOLOG B1) (E.G. COLON CANCER), GENE ANALYSIS, V600E VARIANT	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
609	**81212**	BRCA1(BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2 DNA REPAIR ASSOCIATED) (E.G., HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; 185 DELAG, 5385INSC, 6174DEIT VARIANTS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
609	**81215**	BRCA1(BRCA1, DNA REPAIR ASSOCIATED), (E.G., HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
609	**81216**	BRCA2 (BRCA2 DNA REPAIR ASSOCIATED) (E.G., HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
609	**81217**	BRCA2 (BRCA2 DNA REPAIR ASSOCIATED) (E.G., HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
677	**81218**	CEBPA (CCAAT/ENHANCER BINDING PROTEIN [C/EBP], ALPHA) (E.G., ACUTE MYELOID LEUKEMIA), GENE ANALYSIS, FULL GENE SEQUENCE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
544	**81221**	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
545	**81222**	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
546	**81223**	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; FULL GENE SEQUENCE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
PLEASE USE CPT CODE	**81225**	CYP2C19 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 19) (E.G., DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (E.G., *2, *3, *4, *8, *17)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	

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PLEASE USE CPT CODE	**81226**	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (E.G., DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (E.G., *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
PLEASE USE CPT CODE	**81227**	CYP2C9 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 9) (E.G., DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (E.G., *2, *3, *5, *6)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
PLEASE USE CPT CODE	**81228**	CYTOGENOMIC (GENOME-WIDE) ANALYSIS FOR CONSTITUTIONAL CHROMOSOMAL ABNORMALITIES; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER VARIANTS, COMPARATIVE GENOMIC HYBRIDIZATION [CGH] MICROARRAY ANALYSIS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
PLEASE USE CPT CODE	**81229**	CYTOGENOMIC (GENOME-WIDE) ANALYSIS FOR CONSTITUTIONAL CHROMOSOMAL ABNORMALITIES; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS, COMPARATIVE GENOMIC HYBRIDIZATION (CGH) MICROARRAY ANALYSIS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
PLEASE USE CPT CODE	**81230**	CYP3A4 (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 4) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, *2, *22)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
PLEASE USE CPT CODE	**81231**	CYP3A5 (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 5) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *4, *5, *6, *7)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
775	**81233**	BTK (BRUTON'S TYROSINE KINASE) (E.G., CHRONIC LYMPHOCYTIC LEUKEMIA) GENE ANALYSIS, COMMON VARIANTS (E.G., C481S, C481R, C481F)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
776	**81234**	DMPK (DM1 PROTEIN KINASE) (E.G., MYOTONIC DYSTROPHY TYPE 1) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EXPANDED) ALLELES	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
547	**81235**	EGFR (EPIDERMAL GROWTH FACTOR RECEPTOR) (E.G., NON-SMALL CELL LUNG CANCER) GENE ANALYSIS, COMMON VARIANTS (E.G., EXON 19 LREA DELETION, L858R, T790M, G719A, G719S, L861Q)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
777	**81236**	EZH2 (ENHANCER OF ZESTE 2 POLYCOMB REPRESSIVE COMPLEX 2 SUBUNIT) (E.G., MYELODYSPLASTIC SYNDROME, MYELOPROLIFERATIVE NEOPLASMS) GENE ANALYSIS, FULL GENE SEQUENCE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
712	**81238**	F9 (COAGULATION FACTOR IX) (E.G., HEMOPHILIA B), FULL GENE SEQUENCE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
778	**81239**	DMPK (DM1 PROTEIN KINASE) (E.G., MYOTONIC DYSTROPHY TYPE 1) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (E.G., EXPANDED SIZE)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
548	**81240**	F2 (PROTHROMBIN, COAGULATION FACTOR II) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, 20210G>A VARIANT	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
549	**81241**	F5 (COAGULATION FACTOR V) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, LEIDEN VARIANT	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**

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550	**81242**	FMR1 (FRAGILE X MESSENGER RIBONUCLEOPROTEIN 1) (E.G., FRAGILE X SYNDROME, X-LINKED INTELLECTUAL DISABILITY [XLID]) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (E.G., EXPANDED) ALLELES	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
551	**81243**	FMR1 (FRAGILE X MESSENGER RIBONUCLEOPROTEIN 1) (E.G., FRAGILE X SYNDROME, X-LINKED INTELLECTUAL DISABILITY [XLID]) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (E.G., EXPANDED) ALLELES	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
552	**81244**	FMR1 (FRAGILE X MESSENGER RIBONUCLEOPROTEIN 1) (E.G., FRAGILE X SYNDROME, X-LINKED INTELLECTUAL DISABILITY [XLID]) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (E.G., EXPANDED SIZE AND PROMOTER METHYLATION STATUS)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
553	**81245**	FLT3 (FMS-RELATED TYROSINE KINASE 3) (E.G. ACUTE MYELOID LEUKEMIA), GENE ANALYSIS, INTERNAL TANDEM DUPLICATION (ITD) VARIANTS (I.E., EXONS 14, 15	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	Justification must include to differentiate CML from AML. **Requires order from hematology/oncology and with a diagnosis of myelogenous leukemia.**
652	**81246**	FLT3 (FMS-RELATED TYROSINE KINASE 3) (EG, ACUTE MYELOID LEUKEMIA), GENE ANALYSIS; TYROSINE KINASE DOMAIN (TKD) VARIANTS (E.G., D835, I836)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
713	**81247**	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (E.G., HEMOLYTIC ANEMIA, JAUNDICE), GENE ANALYSIS; COMMON VARIANT(S) (E.G., A, A-)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
714	**81248**	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (E.G., HEMOLYTIC ANEMIA, JAUNDICE), GENE ANALYSIS; KNOWN FAMILIAL VARIANT(S)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
715	**81249**	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (E.G., HEMOLYTIC ANEMIA, JAUNDICE), GENE ANALYSIS; FULL GENE SEQUENCE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
554	**81252**	GJB2 (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26) (E.G., NONSYNDROMIC HEARING LOSS) GENE ANALYSIS; FULL GENE SEQUENCE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
555	**81253**	GJB2 (GAP JUNCTION PROTEIN, BETA 2, 26KDA; CONNEXIN 26) (E.G., NONSYNDROMIC HEARING LOSS) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
556	**81254**	GJB6 (GAP JUNCTION PROTEIN, BETA 6, 30KDA, CONNEXIN 30) (E.G., NONSYNDROMIC HEARING LOSS) GENE ANALYSIS, COMMON VARIANTS (E.G., 309KB [DEL(GJB6-D13S1830)] AND 232KB [DEL(GJB6-D13S1854)])	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
557	**81255**	HEXA (HEXOSAMINIDASE A [ALPHA POLYPEPTIDE]) (EG, TAY-SACHS DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, 1278INSTATC, 1421+1G>C, G269S)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
558	**81256**	HFE (HEMOCHROMATOSIS) (EG, HEREDITARY HEMOCHROMATOSIS) GENE ANALYSIS, COMMON VARIANTS (EG, C282Y, H63D)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
559	**81257**	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS, FOR COMMON DELETIONS OR VARIANT (EG, SOUTHEAST ASIAN, THAI, FILIPINO, MEDITERRANEAN, ALPHA3.7, ALPHA4.2, ALPHA20.5, AND CONSTANT SPRING)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**

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716	**81258**	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (E.G., ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; KNOWN FAMILIAL VARIANT	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
717	**81259**	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (E.G., ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; FULL GENE SEQUENCE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
560	**81261**	IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION(S); AMPLIFIED METHODOLOGY (EG, POLYMERASE CHAIN REACTION)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
561	**81262**	IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION(S); DIRECT PROBE METHODOLOGY (EG, SOUTHERN BLOT)	***GENETIC TESTING***	Required - Beyond Service Limits	No Restriction	PRICED	
562	**81263**	IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL), VARIABLE REGION SOMATIC MUTATION ANALYSIS	***GENETIC TESTING***	Required - Beyond Service Limits	No Restriction	PRICED	
563	**81264**	IGK@ (IMMUNOGLOBULIN KAPPA LIGHT CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL), GENE REARRANGEMENT ANALYSIS, EVALUATION TO DETECT ABNORMAL CLONAL POPULATION(S)	***GENETIC TESTING***	Required - Beyond Service Limits	No Restriction	PRICED	
564	**81265**	COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; PATIENT AND COMPARATIVE SPECIMEN (EG, PRE-TRANSPLANT RECIPIENT AND DONOR GERMLINE TESTING, POST-TRANSPLANT NON-HEMATOPOIETIC RECIPIENT GERMLINE [EG, BUCCAL SWAB OR OTHER GERMLINE TISSUE SAMPLE] AND DONOR TESTING, TWIN ZYGOSITY TESTING, OR MATERNAL CELL CONTAMINATION OF FETAL CELLS)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
565	**81266**	COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; EACH ADDITIONAL SPECIMEN (EG, ADDITIONAL CORD BLOOD DONOR, ADDITIONAL FETAL SAMPLES FROM DIFFERENT CULTURES, OR ADDITIONAL ZYGOSITY IN MULTIPLE BIRTH PREGNANCIES) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
566	**81267**	CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN (EG, HEMATOPOIETIC STEM CELL), INCLUDES COMPARISON TO PREVIOUSLY PERFORMED BASELINE ANALYSES; WITHOUT CELL SELECTION	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
567	**81268**	CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN (EG, HEMATOPOIETIC STEM CELL), INCLUDES COMPARISON TO PREVIOUSLY PERFORMED BASELINE ANALYSES; WITH CELL SELECTION (EG, CD3, CD33), EACH CELL TYPE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
718	**81269**	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (E.G., ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
568	**81270**	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, P.VAL617PHE (V617F) VARIANT	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**

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779	**81271**	HTT (HUNTINGTIN) (E.G., HUNTINGTON DISEASE) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (E.G., EXPANDED) ALLELES	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
689	**81272**	KIT (V-KIT HARDY-ZUKERMAN 4 FELINE SARCOMA VIRAL ONCOGENE HOMOLOG) (E.G., GASTROINTESTINAL STROMAL TUMOR [GIST], ACUTE MYELOID LEUKEMIA, MELANOMA), GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (E.G., EXONS 8, 11, 13, 17, 18)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
780	**81274**	HTT (HUNTINGTIN) (E.G., HUNTINGTON DISEASE) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (E.G., EXPANDED SIZE)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
690	**81275**	KRAS (KIRSTEN RAT SARCOMA VIRAL ONCOGENE HOMOLOG) (E.G., CARCINOMA GENE ANALYSIS; VARIANTS IN EXON 2 (E.G., CODONS 12 & 13)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
691	**81276**	KRAS (KIRSTEN RAT SARCOMA VIRAL ONCOGENE HOMOLOG) (E.G., CARCINOMA GENE ANALYSIS; ADDITIONAL VARIANTS(S) (E.G., CODON 61, CODON 146)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
941	**81278**	IGH@/BCL2 (T(14;18)) (E.G., FOLLICULAR LYMPHOMA) TRANSLOCATION ANALYSIS, MAJOR BREAKPOINT REGION (MBR) AND MINOR CLUSTER REGION (MCR) BREAKPOINTS, QUALITATIVE OR QUANTITATIVE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
942	**81279**	JAK2 (JANUS KINASE 2) (E.G., MYELOPROLIFERATIVE DISORDER) TARGETED SEQUENCE ANALYSIS (E.G., EXONS 12 AND 13)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
781	**81284**	FXN (FRATAXIN) (E.G., FRIEDREICH ATAXIA) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EXPANDED) ALLELES	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
782	**81285**	FXN (FRATAXIN) (E.G., FRIEDREICH ATAXIA) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (E.G., EXPANDED SIZE)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
783	**81286**	FXN (FRATAXIN) (E.G., FRIEDREICH ATAXIA) GENE ANALYSIS; FULL GENE SEQUENCE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
784	**81289**	FXN (FRATAXIN) (E.G., FRIEDREICH ATAXIA) GENE ANALYSIS; KNOWN FAMILIAL VARIANT(S)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
570	**81290**	MCOLN1 (MUCOLIPIN 1) (EG, MUCOLIPIDOSIS, TYPE IV) GENE ANALYSIS, COMMON VARIANTS (EG, IVS3-2A>G, DEL6.4KB)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
571	**81291**	MTHFR (5,10-METHYLENETETRAHYDROFOLATE REDUCTASE) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, COMMON VARIANTS (EG, 677T, 1298C)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
609	**81292**	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
609	**81293**	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
609	**81294**	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS;DUPLICATION/DELETION VARIANTS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
609	**81295**	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**

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609	**81296**	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
609	**81297**	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS;DUPLICATION/DELETION VARIANTS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
572	**81298**	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
573	**81299**	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
574	**81300**	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
575	**81301**	MICROSATELLITE INSTABILITY ANALYSIS (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) OF MARKERS FOR MISMATCH REPAIR DEFICIENCY (EG, BAT25, BAT26), INCLUDES COMPARISON OF NEOPLASTIC AND NORMAL TISSUE, IF PERFORMED	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
785	**81305**	MYD88 (MYELOID DIFFERENTIATION PRIMARY RESPONSE 88) (E.G., WALDENSTROM'S MACROGLOBULINEMIA, LYMPHOPLASMACYTIC LEUKEMIA) GENE ANALYSIS, P.LEU265PRO (L265P) VARIANT	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
893	**81307**	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (E.G., BREAST AND PANCREATIC CANCER) GENE ANALYSIS; FULL GENE SEQUENCE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
894	**81308**	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (E.G., BREAST AND PANCREATIC CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
895	**81309**	PIK3CA (PHOSPHATIDYLINOSITOL-4, 5-BIPHOSPHATE 3-KINASE, CATALYTIC SUBUNIT ALPHA) (E.G., COLORECTAL AND BREAST CANCER) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (E.G., EXONS 7, 9, 20)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
576	**81310**	NPM1 (NUCLEOPHOSMIN) (EG, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, EXON 12 VARIANTS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
786	**81312**	PABPN1 (POLY[A] BINDING PROTEIN NUCLEAR 1) (E.G., OCULOPHARYNGEAL MUSCULAR DYSTROPHY) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (E.G., EXPANDED) ALLELES	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
678	**81314**	PDGFRA (PLATELET-DERIVED GROWTH FACTOR RECEPTOR, ALPHA POLYPEPTIDE) (E.G., GASTROINTESTINAL STROMAL TUMOR [GIST]), GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (E.G., EXONS 12, 18)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
577	**81315**	PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID RECEPTOR ALPHA) (EG, PROMYELOCYTIC LEUKEMIA) TRANSLOCATION ANALYSIS; COMMON BREAKPOINTS (EG, INTRON 3 AND INTRON 6), QUALITATIVE OR QUANTITATIVE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
609	**81316**	PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID RECEPTOR ALPHA) (EG, PROMYELOCYTIC LEUKEMIA) TRANSLOCATION ANALYSIS; SINGLE BREAKPOINT (EG, INTRON 3, INTRON 6 OR EXON 6), QUALITATIVE OR QUANTITATIVE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	

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609	**81317**	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
609	**81318**	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
609	**81319**	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS;DUPLICATION/DELETION VARIANTS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
578	**81321**	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (E.G., COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
579	**81322**	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (E.G., COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
580	**81323**	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (E.G., COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS;	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
581	**81324**	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (E.G., CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; DUPLICATION/DELETION ANALYSIS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
582	**81325**	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (E.G., CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
583	**81326**	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (E.G., CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
787	**81329**	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (E.G., SPINAL MUSCULAR ATROPHY) GENE ANALYSIS; DOSAGE/DELETION ANALYSIS (E.G., CARRIER TESTING), INCLUDES SMN2 (SURVIVAL OF MOTOR NEURON 2, CENTROMERIC) ANALYSIS, IF PERFORMED	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
584	**81331**	SNRPN/UBE3A (SMALL NUCLEAR RIBONUCLEOPROTEIN POLYPEPTIDE N AND UBIQUITIN PROTEIN LIGASE E3A) (EG, PRADER-WILLI SYNDROME AND/OR ANGELMAN SYNDROME), METHYLATION ANALYSIS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
585	**81332**	SERPINA1 (SERPIN PEPTIDASE INHIBITOR, CLADE A, ALPHA-1 ANTIPROTEINASE, ANTITRYPSIN, MEMBER 1) (EG, ALPHA-1-ANTITRYPSIN DEFICIENCY), GENE ANALYSIS, COMMON VARIANTS (EG, *S AND *Z)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
788	**81333**	TGFBI (TRANSFORMING GROWTH FACTOR BETA-INDUCED) (E.G., CORNEAL DYSTROPHY) GENE ANALYSIS, COMMON VARIANTS (E.G., R124H, R124C, R124L, R555W, R555Q)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
719	**81334**	RUNX1 (RUNT RELATED TRANSCRIPTION FACTOR 1) (E.G., ACUTE MYELOID LEUKEMIA, FAMILIAL PLATELET DISORDER WITH ASSOCIATED MYELOID MALIGNANCY), GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (E.G., EXONS 3-8)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
PLEASE USE CPT CODE	**81335**	TPMT (THIOPURINE S-METHYLTRANSFERASE) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	

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Service Group Code	Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	ADDITIONAL INFORMATION
789	**81336**	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (E.G., SPINAL MUSCULAR ATROPHY) GENE ANALYSIS; FULL GENE SEQUENCE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
790	**81337**	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (E.G., SPINAL MUSCULAR ATROPHY) GENE ANALYSIS; KNOWN FAMILIAL SEQUENCE VARIANT(S)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
943	**81338**	MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (E.G., MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; COMMON VARIANTS (E.G., W515A, W515K, W515L, W515R)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
944	**81339**	MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (E.G., MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; SEQUENCE ANALYSIS, EXON 10	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
791	**81343**	PPP2R2B (PROTEIN PHOSPHATASE 2 REGULATORY SUBUNIT BBETA) (E.G., SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
792	**81344**	TBP (TATA BOX BINDING PROTEIN) (E.G., SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (E.G., EXPANDED) ALLELES	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
PLEASE USE CPT CODE	**81349**	CYTOGENOMIC (GENOME-WIDE) ANALYSIS FOR CONSTITUTIONAL CHROMOSOMAL ABNORMALITIES; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND LOSS-OF-HETEROZYGOSITY VARIANTS, LOW-PASS SEQUENCING ANALYSIS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
945	**81351**	TP53 (TUMOR PROTEIN 53) (E.G., LI-FRAUMENI SYNDROME) GENE ANALYSIS; FULL GENE SEQUENCE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
946	**81353**	TP53 (TUMOR PROTEIN 53) (E.G., LI-FRAUMENI SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
947	**81357**	U2AF1 (U2 SMALL NUCLEAR RNA AUXILIARY FACTOR 1) (E.G., MYELODYSPLASTIC SYNDROME, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, COMMON VARIANTS (E.G., S34F, S34Y, Q157R, Q157P)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
720	**81361**	HBB (HEMOGLOBIN, SUBUNIT BETA) (E.G., SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); COMMON VARIANT(S) (E.G., HBS, HBC, HBE)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
721	**81362**	HBB (HEMOGLOBIN, SUBUNIT BETA) (E.G., SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); KNOWN FAMILIAL VARIANT(S)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
722	**81363**	HBB (HEMOGLOBIN, SUBUNIT BETA) (E.G., SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); DUPLICATION/DELETION VARIANT(S)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
723	**81364**	HBB (HEMOGLOBIN, SUBUNIT BETA) (E.G., SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); FULL GENE SEQUENCE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
586	**81370**	HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-A, -B, -C, -DRB1/3/4/5, AND -DQB1	***GENETIC TESTING***	Required - Beyond Service Limits	No Restriction	PRICED	
587	**81371**	HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-A, -B, AND -DRB1/3/4/5 (EG, VERIFICATION TYPING)	***GENETIC TESTING***	Required - Beyond Service Limits	No Restriction	PRICED	

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588	**81372**	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); COMPLETE (IE, HLA-A, -B, AND -C)	***GENETIC TESTING***	Required - Beyond Service Limits	No Restriction	PRICED	
589	**81373**	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE LOCUS (EG, HLA-A, -B, OR -C), EACH	***GENETIC TESTING***	Required - Beyond Service Limits	No Restriction	PRICED	
590	**81374**	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE ANTIGEN EQUIVALENT (EG, B*27), EACH	***GENETIC TESTING***	Required - Beyond Service Limits	No Restriction	PRICED	
591	**81375**	HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-DRB1/3/4/5 AND -DQB1	***GENETIC TESTING***	Required - Beyond Service Limits	No Restriction	PRICED	
592	**81376**	HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE LOCUS (EG, HLA-DRB1/3/4/5, -DQB1, -DQA1, -DPB1, OR -DPA1), EACH	***GENETIC TESTING***	Required - Beyond Service Limits	No Restriction	PRICED	
593	**81377**	HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE ANTIGEN EQUIVALENT, EACH	***GENETIC TESTING***	Required - Beyond Service Limits	No Restriction	PRICED	
594	**81378**	HLA CLASS I AND II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS), HLA-A, -B, -C, AND -DRB1	***GENETIC TESTING***	Required - Beyond Service Limits	No Restriction	PRICED	
595	**81379**	HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); COMPLETE (IE, HLA-A, -B, AND -C)	***GENETIC TESTING***	Required - Beyond Service Limits	No Restriction	PRICED	
596	**81380**	HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE LOCUS (EG, HLA-A, -B, OR -C), EACH	***GENETIC TESTING***	Required - Beyond Service Limits	No Restriction	PRICED	
597	**81381**	HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE OR ALLELE GROUP (EG, B*57:01P), EACH	***GENETIC TESTING***	Required - Beyond Service Limits	No Restriction	PRICED	
599	**81382**	HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE LOCUS (EG, HLA-DRB1, -DRB3, -DRB4, -DRB5, -DQB1, -DQA1, -DPB1, OR -DPA1), EACH	***GENETIC TESTING***	Required - Beyond Service Limits	No Restriction	PRICED	
598	**81383**	HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE OR ALLELE GROUP (EG, HLA-DQB1*06:02P), EACH	***GENETIC TESTING***	Required - Beyond Service Limits	No Restriction	PRICED	
735	**81400**	MOLECULAR PATHOLOGY PROCEDURE-LEVEL 1 (E.G. IDENTIFICATION OF SINGLE GERMLINE VARIANT (E.G. SNP) BY TECHNIQUES SUCH AS RESTRICTION ENZYME DIGESTION OR MELT CURVE ANALYSIS)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
736	**81401**	MOLECULAR PATHOLOGY PROCEDURE-LEVEL 2 (E.G., 2-10 SNPS, 1 METHYLATED VARIANT, OR 1 SOMATIC VARIANT (TYPICALLY USING NONSEQUENCING TARGET VARIANT ANALYSIS), OR DETECTION OF A DYNAMIC MUTATION DISORDER/TRIPLET REPEAT)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	

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737	**81402**	MOLECULAR PATHOLOGY PROCEDURE-LEVEL 3 (E.G. >10 SNP'S, 2-10 METHYLATED VARIANTS, OR 2-10 SOMATIC VARIANTS (TYPICALLY USING NON-SEQUENCING TARGET VARIANT ANALYSIS) IMMUNOGLOBIN AND T-CELL RECEPTOR GENE REARRANGEMENTS, DUPLICATION/DELETION VARIANTS OF 1 EXON, LOSS OF HETEROZYGOSITY (LOH), UNIPARENTAL DISOMY(UPD))	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
738	**81403**	MOLECULAR PATHOLOGY PROCEDURE-LEVEL 4 (E.G., ANALYSIS OF SINGLE EXON BY DNA SEQUENCE ANALYSIS, ANALYSIS OF >10 AMPLICONS USING MULTIPLEX PCR IN 2 OR MORE INDEPENDENT REACTIONS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF 2-5 EXONS)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
740	**81405**	MOLECULAR PATHOLOGY PROCEDURE-LEVEL 6 (E.G., ANALYSIS OF 6-10 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF 11-25 EXONS, REGIONALLY TARGETED CYTOGENOMIC ARRAY ANALYSIS)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
741	**81406**	MOLECULAR PATHOLOGY PROCEDURE-LEVEL 7 (E.G., ANALYSIS OF 11-25 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF 25-50 EXONS, CYTOGENOMIC ARRAY ANALYSIS FOR NEOPLASIA)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
742	**81407**	MOLECULAR PATHOLOGY PROCEDURE-LEVEL 8(E.G., ANALYSIS OF 26-50 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF >50 EXONS, SEQUENCE ANALYSIS OF MULTIPLE GENES ON ONE PLATFORM)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
654	**81410**	AORTIC DYSFUNCTION OR DILATION (E.G., MARFAN SYNDROME, LOEYS DIETZ SYNDROME, EHLER DANLOS SYNDROME TYPE IV, ATRIAL TORTUOSITY SYNDROME); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 9 GENES, INCLUDING FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2410, AMA01 AND MYLK	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
679	**81411**	AORTIC DYSFUNCTION OR DILATION (E.G., MARFAN SYNDROME, LOEYS DIETZ SYNDROME, EHLER DANLOS SYNDROME TYPE IV, ATRIAL TORTUOSITY SYNDROME); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAT 9 GENES, INCLUDING FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2410, AMA01 AND MYLK. DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSIS FOR TGFBR1, TGFBR2, MYH11, AND COL3A1	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
680	**81412**	ASHKENAZI JEWISH ASSOCIATED DISORDERS (E.G., BLOOM SYNDROME, CANAVAN DISEASE, CYSTIC FIBROSIS, FAMILIAL DYSAUTONOMIA, FANCONI ANEMIA GROUP C, GAUCHER DISEASE, TAY-SACHS DISEASE), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 9 GENES, INCLUDING ASPA, BLM, CFTR, FANCC, GA, HEXA, IKBKAP, MCOLN1, AND SMPD1	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
PLEASE USE CPT CODE	**81415**	EXOME (E.G., UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	

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PLEASE USE CPT CODE	**81416**	EXOME (E.G., UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (E.G., PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE). THIS CODE IS USED IN THE CONTEXT OF WHOLE EXOME SEQUENCING (WES) WHEN COMPARING THE PATIENT'S EXOME TO THAT OF A RELATIVE, SUCH AS A PARENT OR SIBLING, TO HELP DIAGNOSE GENETIC DISORDERS.	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**NEW CODE EFFECTIVE 09/01/2025**
PLEASE USE CPT CODE	**81418**	DRUG METABOLISM (E.G., PHARMACOGENOMICS) GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE TESTING OF AT LEAST 6 GENES, INCLUDING CYP2C19, CYP2D6, AND CYP2D6 DUPLICATION/DELETION ANALYSIS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
688	**81420**	FETAL CHROMOSOMAL ANEUPLOIDY (TRISOMY 21, MONOSOMY X) GENOMIC SEQUENCE ANALYSIS PANEL, CIRCULATING CELL-FREE FETAL DNA IN MATERNAL BLOOD, MUST INCLUDE ANALYSIS OF CHROMOSOMES 13, 18, AND 21	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	**Note: Prior authorization requirement removed for dates of service from 05/01/2025 forward.**
681	**81432**	HEREDITARY BREAST CANCER-RELATED DISORDERS (E.G., HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER, HEREDITARY PANCREATIC CANCER, HEREDITARY PROSTATE CANCER), GENOMIC SEQUENCE ANALYSIS PANEL, 5 OR MORE GENES, INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
683	**81434**	HEREDITARY RETINAL DISORDERS (E.G., RETINITIS PIGMENTOSA, LEBER CONGENITAL AMAUROSIS, CONE-ROD DYSTROPHY), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 15 GENES, INCLUDING ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, AND USH2A	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
655	**81435**	HEREDITARY COLON CANCER-RELATED DISORDERS (E.G., LYNCH SYNDROME, PTEN HAMARTOMA SYNDROME, COWDEN SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS), GENOMIC SEQUENCE ANALYSIS PANEL, 5 OR MORE GENES, INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
684	**81437**	HEREDITARY NEUROENDOCRINE TUMOR-RELATED DISORDERS (E.G., MEDULLARY THYROID CARCINOMA, PARATHYROID CARCINOMA, MALIGNANT PHEOCHROMOCYTOMA OR PARAGANGLIOMA), GENOMIC SEQUENCE ANALYSIS PANEL, 5 OR MORE GENES, INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	

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PLEASE USE CPT CODE	**81441**	INHERITED BONE MARROW FAILURE SYNDROMES (IBMFS) (E.G., FANCONI ANEMIA, DYSKERATOSIS CONGENITA, DIAMOND-BLACKFAN ANEMIA, SHWACHMAN-DIAMOND SYNDROME, GATA2 DEFICIENCY SYNDROME, CONGENITAL AMEGAKARYOCYTIC THROMBOCYTOPENIA) SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 30 GENES, INCLUDING BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, AND TINF2	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
686	**81442**	NOONAN SPECTRUM DISORDERS (EG, NOONAN SYNDROME, CARDIO-FACIO-CUTANEOUS SYNDROME, COSTELLO SYNDROME, LEOPARD SYNDROME, NOONAN-LIKE SYNDROME), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 12 GENES, INCLUDING BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, AND SOS1	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
PLEASE USE CPT CODE	**81443**	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS (E.G. CYSTIC FIBROSIS, ASHKENAZI JEWISH-ASSOCIATED DISORDERS(EG, BLOOM SYNDROME, CANAVAN DISEASE, FANCONI ANEMIA TYPE C, MUCOLIPIDOSIS TYPE VI, GAUCHER DISEASE, TAY-SACHS DISEASE), BETA HEMOGLOBINOPATHIES, PHENYLKETONURIA, GALACTOSEMIA, GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 15 GENES(EG, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
PLEASE USE CPT CODE	**81445**	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, DNA ANALYSIS, 5-50 GENES (E.G., ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, IF PERFORMED.	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	***NEW CODE Effective 07/01/2023***
PLEASE USE CPT CODE	**81449**	SOLID ORGAN NEOPLASM, GENOMIC SEQUENCE ANALYSIS PANEL, 5-50 GENES, INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, IF PERFORMED: RNA ANALYSIS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
PLEASE USE CPT CODE	**81450**	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, HEMATOLYMPHOID NEOPLASM DISORDER, DNA AND RNA ANALYSIS WHEN PERFORMED, 5-50 GENES (E.G., BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), INTERROGATION FOR SEQUENCE VARIANTS, AND COPY NUMBER VARIANTS OR REARRANGEMENTS, OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS, IF PERFORMED	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	***NEW CODE Effective 07/01/2023***
PLEASE USE CPT CODE	**81451**	HEMATOLYMPHOID NEOPLASM OR DISORDER, GENOMIC SEQUENCE ANALYSIS PANEL, 5-50 GENES, INTERROGATION FOR SEQUENCE VARIANTS, AND COPY NUMBER VARIANTS OR REARRANGEMENTS, OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS, IF PERFORMED: RNA ANALYSIS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	

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PLEASE USE CPT CODE	81455	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN OR HEMATOLYMPHOID NEOPLASM, DNA AND RNA ANALYSIS WHEN PERFORMED, 51 OR GREATER GENES (E.G., ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, IF PERFORMED.	*GENETIC TESTING*	*REQUIRED*	No Restriction	PRICED	***NEW CODE Effective 07/01/2023***
PLEASE USE CPT CODE	81456	SOLID ORGAN OR HEMATOLYMPHOID NEOPLASM OR DISORDER, 51 OR GREATER GENES, GENOMIC SEQUENCE ANALYSIS PANEL, INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS, IF PERFORMED; RNA ANALYSIS	*GENETIC TESTING*	*REQUIRED*	No Restriction	PRICED	
PLEASE USE CPT CODE	81457	SOLID ORGAN NEOPLASM, GENOMIC SEQUENCE ANALYSIS PANEL, INTERROGATION FOR SEQUENCE VARIANTS; DNA ANALYSIS, MICROSATELLITE INSTABILITY	*GENETIC TESTING*	*REQUIRED*	No Restriction	PRICED	***NEW CODE FOR 2024***
PLEASE USE CPT CODE	81458	SOLID ORGAN NEOPLASM, GENOMIC SEQUENCE ANALYSIS PANEL, INTERROGATION FOR SEQUENCE VARIANTS; DNA ANALYSIS, COPY NUMBER VARIANTS AND MICROSATELLITE INSTABILITY	*GENETIC TESTING*	*REQUIRED*	No Restriction	PRICED	***NEW CODE FOR 2024***
PLEASE USE CPT CODE	81459	SOLID ORGAN NEOPLASM, GENOMIC SEQUENCE ANALYSIS PANEL, INTERROGATION FOR SEQUENCE VARIANTS; DNA ANALYSIS OR COMBINED DNA AND RNA ANALYSIS, COPY NUMBER VARIANTS, MICROSATELLITE INSTABILITY, TUMOR MUTATION BURDEN, AND REARRANGEMENTS	*GENETIC TESTING*	*REQUIRED*	No Restriction	PRICED	***NEW CODE FOR 2024***
PLEASE USE CPT CODE	81462	SOLID ORGAN NEOPLASM, GENOMIC SEQUENCE ANALYSIS PANEL, CELL-FREE NUCLEIC ACID (E.G., PLASMA), INTERROGATION FOR SEQUENCE VARIANTS; DNA ANALYSIS OR COMBINED DNA AND RNA ANALYSIS, COPY NUMBER VARIANTS AND REARRANGEMENTS	*GENETIC TESTING*	*REQUIRED*	No Restriction	PRICED	***NEW CODE FOR 2024***
PLEASE USE CPT CODE	81463	SOLID ORGAN NEOPLASM, GENOMIC SEQUENCE ANALYSIS PANEL, CELL-FREE NUCLEIC ACID (E.G., PLASMA), INTERROGATION FOR SEQUENCE VARIANTS; DNA ANALYSIS, COPY NUMBER VARIANTS, AND MICROSATELLITE INSTABILITY	*GENETIC TESTING*	*REQUIRED*	No Restriction	PRICED	***NEW CODE FOR 2024***
PLEASE USE CPT CODE	81464	SOLID ORGAN NEOPLASM, GENOMIC SEQUENCE ANALYSIS PANEL, CELL-FREE NUCLEIC ACID (E.G., PLASMA), INTERROGATION FOR SEQUENCE VARIANTS; DNA ANALYSIS OR COMBINED DNA AND RNA ANALYSIS, COPY NUMBER VARIANTS, MICROSATELLITE INSTABILITY, TUMOR MUTATION BURDEN, AND REARRANGEMENTS	*GENETIC TESTING*	*REQUIRED*	No Restriction	PRICED	***NEW CODE FOR 2024***
732	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	*GENETIC TESTING*	*REQUIRED*	No Restriction	NOT PRICED	
667	81507	FETAL ANEUPLOIDY (TRISOMY 21, AND 18) DNA SEQUENCE ANALYSIS OF SELECTED REGIONS USING MATERNAL PLASMA, ALGORITHM REPORTED AS A RISK SCORE FOR EACH TRISOMY	*GENETIC TESTING*	*REQUIRED*	No Restriction	PRICED	

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Service Group Code	Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	ADDITIONAL INFORMATION
PLEASE USE CPT CODE	**81518**	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 11 GENES (7 CONTENT AND 4 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHMS REPORTED AS PERCENTAGE RISK FOR METASTATIC RECURRENCE AND LIKELIHOOD OF BENEFIT FROM EXTENDED ENDOCRINE THERAPY	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
698	**81519**	ONCOLOGY (BREAST), MRNA GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 21 GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A RECURRENCE SCORE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
PLEASE USE CPT CODE	**81520**	ONCOLOGY (BREAST), MRNA GENE EXPRESSION PROFILING BY HYBRID CAPTURE OF 58 GENES (50 CONTENT AND 8 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A RECURRENCE RISK SCORE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
PLEASE USE CPT CODE	**81521**	ONCOLOGY (BREAST), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 70 CONTENT GENES AND 465 HOUSEKEEPING GENES, UTILIZING FRESH FROZEN OR FORMALIN-FIXED PARAFFIN EMBEDDED TISSUE, ALGORITHM REPORTED AS INDEX RELATED TO RISK OF DISTANT METASTASIS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
896	**81522**	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY RT-PCR OF 12 GENES (8 CONTENT AND 4 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RECURRENCE RISK SCORE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
PLEASE USE CPT CODE	**81523**	ONCOLOGY (BREAST), MRNA, NEXT-GENERATION SEQUENCING GENE EXPRESSION PROFILING OF 70 CONTENT GENES AND 31 HOUSEKEEPING GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS INDEX RELATED TO RISK TO DISTANT METASTASIS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
800	**81528**	ONCOLOGY (COLORECTAL) SCREENING, QUANTITATIVE REAL-TIME TARGET AND SIGNAL AMPLIFICATION OF 10 DNA MARKERS (KRAS MUTATIONS, PROMOTER METHYLATION OF NDRG4 AND BMP3) AND FECAL HEMOGLOBIN, UTILIZING STOOL, ALGORITHM REPORTED AS A POSITIVE OR NEGATIVE RESULT	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
695	**81539**	ONCOLOGY (HIGH-GRADE PROSTATE CANCER), BIOCHEMICAL ASSAY OF FOUR PROTEINS (TOTAL PSA, FREE PSA, INTACT PSA, AND HUMAN KALLIKREIN-2 [HK2], UTILIZING PLASMA OR SERUM, PROGNOSTIC ALGORITHM REPORTED AS A PROBABILITY SCORE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
799	**81541**	ONCOLOGY (PROSTATE), MRNA GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 46 GENES (31 CONTENT AND 15 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN EMBEDDED TISSUE, ALGORITHM REPORTED AS A DISEASE-SPECIFIC MORTALITY RISK SCORE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
PLEASE USE CPT CODE	**81552**	ONCOLOGY (UVEAL MELANOMA), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 15 GENES (12 CONTENT AND 3 HOUSEKEEPING), UTILIZING FINE NEEDLE ASPIRATE OR FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RISK OF METASTASIS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	

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687	**81595**	CARDIOLOGY (HEART TRANSPLANT), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE PCR OF 20 GENES (11 CONTENT AND 9 HOUSEKEEPING), UTILIZING SUBFRACTION OF PERIPHERAL BLOOD, ALGORITHM REPORTED AS A REJECTION RISK SCORE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
609	**81599**	UNLISTED MULTIANALYTE ASSAY WITH ALGORITHMIC ANALYSIS	***GENETIC TESTING***	***REQUIRED***	No Restriction	**NOT PRICED**	This code is only open to cover Endopredict- the fee for Endopredict is the same as 81519 Oncotype Dx. May not be billed with 81519 Oncotype Dx
PLEASE USE CPT CODE	**82233**	BETA-AMYLOID; 1-40 (ABETA 40)	***LABORATORY***	***REQUIRED***	No Restriction	PRICED	**NEW CODE EFFECTIVE 01/01/2025**
PLEASE USE CPT CODE	**82234**	BETA-AMYLOID; 1-42 (ABETA 42)	***LABORATORY***	***REQUIRED***	No Restriction	PRICED	**NEW CODE EFFECTIVE 01/01/2025**
495	**82542**	COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY (E.G. GC/MS, OR HPLC/MS), ANALYTE NOT ELSEWHERE SPECIFIED; QUANTITATIVE, SINGLE STATIONARY AND MOBILE PHASE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
PLEASE USE CPT CODE	**83884**	NEUROFILAMENT LIGHT CHAIN (NFL)	***LABORATORY***	***REQUIRED***	No Restriction	PRICED	**NEW CODE EFFECTIVE 01/01/2025**
PLEASE USE CPT CODE	**84393**	AU, PHOSPHORYLATED (E.G., PTAU 181, PTAU 217), EACH	***LABORATORY***	***REQUIRED***	No Restriction	PRICED	**NEW CODE EFFECTIVE 01/01/2025**
PLEASE USE CPT CODE	**84394**	TAU, TOTAL (TTAU)	***LABORATORY***	***REQUIRED***	No Restriction	PRICED	**NEW CODE EFFECTIVE 01/01/2025**
PLEASE USE CPT CODE	**84433**	THIOPURINE S-METHYLTRANSFERASE (TPMT)	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
PLEASE USE CPT CODE	**84999**	UNLISTED CHEMISTRY PROCEDURE	***LABORATORY***	***REQUIRED***	No Restriction	**NOT PRICED**	**NEW CODE EFFECTIVE 05/01/2024**
PLEASE USE CPT CODE	**85999**	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE	***LABORATORY***	***REQUIRED***	No Restriction	**NOT PRICED**	**NEW CODE EFFECTIVE 05/01/2024**
PLEASE USE CPT CODE	**86586**	SKIN TEST, UNLISTED	***LABORATORY***	***REQUIRED***	No Restriction	**NOT PRICED**	**NEW CODE EFFECTIVE 05/01/2024**
536	**86711**	ANTIBODY; JC (JOHN CUNNINGHAM) VIRUS	***LABORATORY***	***REQUIRED***	No Restriction	PRICED	**ONE PER LIFETIME**
600	**86828**	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (E.G., MICROSPHERES OR BEADS, ELISA, FLOW CYTOMETRY); QUALITATIVE ASSESSMENT OF THE PRESENCE OR ABSENCE OF ANTIBODY(IES) TO HLA CLASS I AND CLASS II HLA ANTIGENS	***LABORATORY***	Required - Beyond Service Limits	No Restriction	PRICED	**ONE PER LIFETIME**
601	**86829**	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (E.G., MICROSPHERES OR BEADS, ELISA, FLOW CYTOMETRY); QUALITATIVE ASSESSMENT OF THE PRESENCE OR ABSENCE OF ANTIBODY(IES) TO HLA CLASS I OR CLASS II HLA ANTIGENS	***LABORATORY***	Required - Beyond Service Limits	No Restriction	PRICED	**ONE PER LIFETIME**
602	**86830**	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (E.G., MICROSPHERES OR BEADS, ELISA, FLOW CYTOMETRY); ANTIBODY IDENTIFICATION BY QUALITATIVE PANEL USING COMPLETE HLA PHENOTYPES, HLA CLASS I	***LABORATORY***	Required - Beyond Service Limits	No Restriction	PRICED	**ONE PER LIFETIME**
603	**86831**	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (E.G., MICROSPHERES OR BEADS, ELISA, FLOW CYTOMETRY); ANTIBODY IDENTIFICATION BY QUALITATIVE PANEL USING COMPLETE HLA PHENOTYPES, HLA CLASS II	***LABORATORY***	Required - Beyond Service Limits	No Restriction	PRICED	**ONE PER LIFETIME**

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604	**86832**	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (E.G., MICROSPHERES OR BEADS, ELISA, FLOW CYTOMETRY); HIGH-DEFINITION QUALITATIVE PANEL FOR IDENTIFICATION OF ANTIBODY SPECIFICITIES (E.G., INDIVIDUAL ANTIGEN PER BEAD METHODOLOGY), HLA CLASS I	***LABORATORY***	Required - Beyond Service Limits	No Restriction	PRICED	**ONE PER LIFETIME**
605	**86833**	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (E.G., MICROSPHERES OR BEADS, ELISA, FLOW CYTOMETRY); HIGH-DEFINITION QUALITATIVE PANEL FOR IDENTIFICATION OF ANTIBODY SPECIFICITIES (E.G., INDIVIDUAL ANTIGEN PER BEAD METHODOLOGY), HLA CLASS II	***LABORATORY***	Required - Beyond Service Limits	No Restriction	PRICED	**ONE PER LIFETIME**
606	**86834**	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (E.G., MICROSPHERES OR BEADS, ELISA, FLOW CYTOMETRY); SEMI-QUANTITATIVE PANEL (E.G., TITER), HLA CLASS I	***LABORATORY***	Required - Beyond Service Limits	No Restriction	PRICED	**ONE PER LIFETIME**
607	**86835**	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (E.G., MICROSPHERES OR BEADS, ELISA, FLOW CYTOMETRY); SEMI-QUANTITATIVE PANEL (E.G., TITER), HLA CLASS II	***LABORATORY***	Required - Beyond Service Limits	No Restriction	PRICED	**ONE PER LIFETIME**
PLEASE USE CPT CODE	**86999**	UNLISTED TRANSFUSION MEDICINE PROCEDURE	***LABORATORY***	***REQUIRED***	No Restriction	**NOT PRICED**	**NEW CODE EFFECTIVE 05/01/2024**
696	**87999**	UNLISTED MICROBIOLOGY PROCEDURE - WHEN USED FOR TROFILE TESTING	***LABORATORY***	***REQUIRED***	No Restriction	**NOT PRICED**	
PLEASE USE CPT CODE	**88199**	UNLISTED CYTOPATHOLOGY PROCEDURE	***LABORATORY***	***REQUIRED***	No Restriction	**NOT PRICED**	**NEW CODE EFFECTIVE 05/01/2024**
PLEASE USE CPT CODE	**88299**	UNLISTED CYTOGENETIC STUDY	***LABORATORY***	***REQUIRED***	No Restriction	**NOT PRICED**	**NEW CODE EFFECTIVE 05/01/2024**
PLEASE USE CPT CODE	**88399**	UNLISTED SURGICAL PATHOLOGY PROCEDURE	***LABORATORY***	***REQUIRED***	No Restriction	**NOT PRICED**	**NEW CODE EFFECTIVE 05/01/2024**
PLEASE USE CPT CODE	**89240**	UNLISTED MISCELLANEOUS PATHOLOGY TEST	***LABORATORY***	***REQUIRED***	No Restriction	**NOT PRICED**	**NEW CODE EFFECTIVE 05/01/2024**
389	**92133**	COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (E.G., OPTICAL COHERENCE TOMOGRAPHY [OCT]), POSTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL; OPTIC NERVE	***RADIOLOGY***	Required - Beyond Service Limits	No Restriction	PRICED	1 per calendar year without PA **PA Required for additional events based on medical necessity** **DIAGNOSTIC RESTRICTIONS APPLY**
389	**92134**	COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (E.G., OPTICAL COHERENCE TOMOGRAPHY [OCT]), POSTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL; RETINA	***RADIOLOGY***	Required- Beyond Service Limits	No Restriction	PRICED	4 per calendar year without PA **PA Required for additional events based on medical necessity.** **DIAGNOSTIC RESTRICTIONS APPLY**
745	**0008M**	ONCOLOGY, BREAST; MRNA ANALYSIS OF 58 GENES USING HYBRID CAPTURE ON FORMALIN FIXED PARAFFIN EMBEDDED (FFPE) TISSUE, PROGNOSTIC ALGORITHM REPORTED AS A RISK SCORE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
668	**0009M**	FETAL ANEUPLOIDY (TRISOMY 21, AND 18) DNA SEQUENCE ANALYSIS OF SELECTED REGIONS USING MATERNAL PLASMA, ALGORITHM REPORTED AS A RISK SCORE FOR EACH TRISOMY	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
PLEASE USE CPT CODE	**0037U**	TARGETED GENOMIC SEQUENCE ANALYSIS, SOLID ORGAN NEOPLASM, DNA ANALYSIS OF 324 GENES, INTERROGATION FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS, GENE REARRANGEMENTS, MICROSATELLITE INSTABILITY AND TUMOR MUTATIONAL BURDEN	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	

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904	**0047U**	ONCOLOGY (PROSTATE), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 17 GENES (12 CONTENT AND 5 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A RISK SCORE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
PLEASE USE CPT CODE	**0172U**	ONCOLOGY (SOLID TUMOR AS INDICATED BY THE LABEL), SOMATIC MUTATION ANALYSIS OF BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) AND ANALYSIS OF HOMOLOGOUS RECOMBINATION DEFICIENCY PATHWAYS, DNA, FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM QUANTIFYING TUMOR GENOMIC INSTABILITY SCORE	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
PLEASE USE CPT CODE	**0239U**	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, CELL-FREE DNA, ANALYSIS OF 311 OR MORE GENES, INTERROGATION FOR SEQUENCE VARIANTS, INCLUDING SUBSTITUTIONS, INSERTIONS, DELETIONS, SELECT REARRANGEMENTS, AND COPY NUMBER VARIATIONS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	
PLEASE USE CPT CODE	**0379U**	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, DNA (523 GENES) AND RNA (55 GENES) BY NEXT-GENERATION SEQUENCING, INTERROGATION FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS, GENE REARRANGEMENTS, MICROSATELLITE INSTABILITY, AND TUMOR MUTATIONAL BURDEN	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	***NEW CODE FOR 2024***
PLEASE USE CPT CODE	**0388U**	ONCOLOGY (NON-SMALL CELL LUNG CANCER), NEXT-GENERATION SEQUENCING WITH IDENTIFICATION OF SINGLE NUCLEOTIDE VARIANTS, COPY NUMBER VARIANTS, INSERTIONS AND DELETIONS, AND STRUCTURAL VARIANTS IN 37 CANCER-RELATED GENES, PLASMA, WITH REPORT FOR ALTERATION DETECTION	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	***NEW CODE FOR 2024***
PLEASE USE CPT CODE	**0391U**	ONCOLOGY (SOLID TUMOR), DNA AND RNA BY NEXT-GENERATION SEQUENCING, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, 437 GENES, INTERPRETIVE REPORT FOR SINGLE NUCLEOTIDE VARIANTS, SPLICE-SITE VARIANTS, INSERTIONS/DELETIONS, COPY NUMBER ALTERATIONS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	***NEW CODE FOR 2024***
PLEASE USE CPT CODE	**0409U**	ONCOLOGY (SOLID TUMOR), DNA (80 GENES) AND RNA (36 GENES), BY NEXT-GENERATION SEQUENCING FROM PLASMA, INCLUDING SINGLE NUCLEOTIDE VARIANTS, INSERTIONS/DELETIONS, COPY NUMBER ALTERATIONS, MICROSATELLITE INSTABILITY, AND FUSIONS, REPORT SHOWING IDENTIFIED MUTATIONS WITH CLINICAL ACTIONABILITY	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	***NEW CODE FOR 2024***
PLEASE USE CPT CODE	**0413U**	ONCOLOGY (HEMATOLYMPHOID NEOPLASM), OPTICAL GENOME MAPPING FOR COPY NUMBER ALTERATIONS, ANEUPLOIDY, AND BALANCED/COMPLEX STRUCTURAL REARRANGEMENTS, DNA FROM BLOOD OR BONE MARROW, REPORT OF CLINICALLY SIGNIFICANT ALTERATIONS	***GENETIC TESTING***	***REQUIRED***	No Restriction	PRICED	***NEW CODE FOR 2024***
PLEASE USE CPT CODE	**A9596**	GALLIUM GA-68 GOZETOTIDE, DIAGNOSTIC, (ILLUCCIX), 1 MILLICURIE	***RADIOLOGY***	***REQUIRED***	No Restriction	**PRICED**	
608	**A9597**	POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR TUMOR IDENTIFICATION, NOT OTHERWISE CLASSIFIED	***RADIOLOGY***	***REQUIRED***	No Restriction	**NOT PRICED**	

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608	**A9598**	POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR NON-TUMOR IDENTIFICATION, NOT OTHERWISE CLASSIFIED	***RADIOLOGY***	***REQUIRED***	No Restriction	**NOT PRICED**	
651	**A9606**	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING, BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/MS (ANY TYPE, SINGLE OR TANDEM AND EXCLUDING IMMUNOASSAYS (E.G., IA, EIA, ELISA, EMIT, FPIA) AND ENZYMATIC METHODS (E.G., ALCOHOL DEHYDROGENASE)); QUALITATIVE OR QUANTITATIVE, ALL SOURCES, INCLUDES SPECIMEN VALIDITY TESTING, PER DAY, 1-7 DRUG CLASS(ES), INCLUDING METABOLITE(S) IF PERFORMED.	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	This is a product specific code that is indicated for the treatment of patients with castration-resistant prostate cancer, symptomatic bone metastases and no known visceral metastatic disease.
744	**G0480**	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING, BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/MS (ANY TYPE, SINGLE OR TANDEM AND EXCLUDING IMMUNOASSAYS (E.G., IA, EIA, ELISA, EMIT, FPIA) AND ENZYMATIC METHODS (E.G., ALCOHOL DEHYDROGENASE)); QUALITATIVE OR QUANTITATIVE, ALL SOURCES, INCLUDES SPECIMEN VALIDITY TESTING, PER DAY, 1-7 DRUG CLASS(ES), INCLUDING METABOLITE(S) IF PERFORMED.	***LABORATORY***	Required - Beyond Service Limits	No Restriction	PRICED	PA required when >12 per year is needed per member treatment plan. May get up to 12 additional units in 180 day authorization period if medically necessary. **CALENDAR YEAR AUTHORIZATION**
744	**G0481**	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING, BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/MS (ANY TYPE, SINGLE OR TANDEM AND EXCLUDING IMMUNOASSAYS (E.G., IA, EIA, ELISA, EMIT, FPIA) AND ENZYMATIC METHODS (E.G., ALCOHOL DEHYDROGENASE)); QUALITATIVE OR QUANTITATIVE, ALL SOURCES, INCLUDES SPECIMEN VALIDITY TESTING, PER DAY, 8-14 DRUG CLASS(ES), INCLUDING METABOLITE(S) IF PERFORMED.	***LABORATORY***	Required - Beyond Service Limits	No Restriction	PRICED	PA required when >12 per year is needed per member treatment plan. May get up to 12 additional units in 180 day authorization period if medically necessary. **CALENDAR YEAR AUTHORIZATION**
744	**G0482**	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING, BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/MS (ANY TYPE, SINGLE OR TANDEM AND EXCLUDING IMMUNOASSAYS (E.G., IA, EIA, ELISA, EMIT, FPIA) AND ENZYMATIC METHODS (E.G., ALCOHOL DEHYDROGENASE)); QUALITATIVE OR QUANTITATIVE, ALL SOURCES, INCLUDES SPECIMEN VALIDITY TESTING, PER DAY, 15-21 DRUG CLASS(ES), INCLUDING METABOLITE(S) IF PERFORMED.)	***LABORATORY***	Required - Beyond Service Limits	No Restriction	PRICED	PA required when >12 per year is needed per member treatment plan. May get up to 12 additional units in 180 day authorization period if medically necessary. **CALENDAR YEAR AUTHORIZATION**

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744	**G0483**	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING, BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/MS (ANY TYPE, SINGLE OR TANDEM AND EXCLUDING IMMUNOASSAYS (E.G., IA, EIA, ELISA, EMIT, FPIA) AND ENZYMATIC METHODS (E.G., ALCOHOL DEHYDROGENASE)); QUALITATIVE OR QUANTITATIVE, ALL SOURCES, INCLUDES SPECIMEN VALIDITY TESTING, PER DAY, 22 OR MORE DRUG CLASS(ES), INCLUDING METABOLITE(S) IF PERFORMED.	***LABORATORY***	***REQUIRED***	No Restriction	PRICED	PA required when > OR =1 per year is needed per member treatment plan. May get up to 12 additional units in 180 day authorization period if medically necessary. **CALENDAR YEAR AUTHORIZATION**
746	**G0659**	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/MS (ANY TYPE, SINGLE OR TANDEM), EXCLUDING IMMUNOASSAYS (E.G., IA, EIA, ELISA, EMIT, FPIA) AND ENZYMATIC METHODS (E.G., ALCOHOL DEHYDROGENASE), PERFORMED WITHOUT METHOD OR DRUG-SPECIFIC CALIBRATION, WITHOUT MATRIX-MATCHED QUALITY CONTROL MATERIAL, OR WITHOUT USE OF STABLE ISOTOPE OR OTHER UNIVERSALLY RECOGNIZED INTERNAL STANDARD(S) FOR EACH DRUG, DRUG METABOLITE OR DRUG CLASS PER SPECIMEN; QUALITATIVE OR QUANTITATIVE, ALL SOURCES, INCLUDES SPECIMEN VALIDITY TESTING, PER DAY, ANY NUMBER OF DRUG CLASSES.	***LABORATORY***	***REQUIRED***	No Restriction	PRICED	PA required when > OR =1 per year is needed per member treatment plan. May get up to 12 additional units in 180 day authorization period if medically necessary. **CALENDAR YEAR AUTHORIZATION**
608	**G6015**	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS, VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	**DIAGNOSTIC RESTRICTIONS APPLY**
608	**G6016**	COMPENSATOR-BASED BEAM MODULATION TREATMENT DELIVERY OF INVERSE PLANNED TREATMENT USING 3 OR MORE HIGH RESOLUTION (MILLED OR CAST) COMPENSATOR, CONVERGENT BEAM MODULATED FIELDS, PER TREATMENT SESSION	***RADIOLOGY***	***REQUIRED***	No Restriction	PRICED	**DIAGNOSTIC RESTRICTIONS APPLY**
376 377 378 379 380 381	**R0070**	TRANSPORTATION CODE (PORTABLE X-RAYS)	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
376; 377; 378; 379; 380; 381	**R0075**	TRANSPORTATION CODE (PORTABLE X-RAYS)	***RADIOLOGY***	***REQUIRED POS 12 Only***	No Restriction	PRICED	
391	**EPSDT**	EPSDT SERVICE	***BASED ON CODE***	***REQUIRED***	No Restriction	PRICED	**For program requirements and additional resources, please visit the following website: https://dhhr.wv.gov/HealthCheck/Pages/default.aspx**
390	**OONService**	OUT-OF-NETWORK SERVICE	***BASED ON CODE***	***REQUIRED***	No Restriction	PRICED	For WV Medical, Acentra Health will add a placeholder for an Out-of-Network (OON) Provider. This provider should be selected as the servicing provider for all out-of-network authorization requests. The 'Out-of-Network' provider will be available as a servicing provider for all request types/service codes.